

Montana Board of Social Work Examiners and Professional Counselors

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Home Address Change

Name: _____

License Number: _____ **LCSW** _____ **LCPC** _____

Old Address: _____
Street city state zip Country

New Address: _____
Street city state zip Country

Phone: _____ **Fax:** _____
Home Work Home Work

Email: _____

(Optional)

Employer/Firm Information

Previous Employer/Firm Name: _____

Address: _____
Street city state zip country

New Employer/Firm Name: _____

Address: _____
Street city state zip country

Phone: _____ **Fax:** _____
Home Work Home Work

Email: _____